

**CONTRACT LAW ENFORCEMENT BUREAU
CITY OFFICIAL IDENTIFICATION CARD RECEIPT**

Station: _____ Date: _____

City: _____

I.D. #	Name	Position*

Received By (Station Personnel):

Name: _____ Employee #: _____

Signature: _____ Date: _____

Please return this form to:

Contract Law Enforcement Bureau
211 W. Temple Street, 7th Floor
Los Angeles, CA 90012